

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

30657

State File No.

FILED OCT 8 1948

Registration District No. 80

Primary Registration District No. 5-465

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Rural Preston Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: East of Camden Point
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community entire life years, months or days)

3. (a) PRINT FULL NAME Mary Evelyn Walters

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Thomas B. Walters 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased October 4 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 16 If less than one day
hr. min.

9. Birthplace Platte Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name Marshall Cockriel
13. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Fugate
15. Birthplace unknown Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Cox
(b) Address Edgerton, Missouri

17. (a) Burial (b) Date thereof Sept. 22-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Camden Point Cem.

18. (a) Signature of funeral director Vaughn-Aufranc
(b) Address Dearborn, Missouri

19. (a) 9-20-48 (b) Alpha Rollins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte
(c) City or town Rural Preston Township
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20
year 1948 hour 4 minute 30 a.m.

21. I hereby certify that I attended the deceased from 2-18 1943 to 9-20 1948
that I last saw her alive on 9-20-48 and that death occurred on the date and hour stated above.

Immediate cause of death Pericardial (Cerebral) Anterior wall of the heart Duration 3 yrs
Due to Heart disease

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 135
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature L. Z. Durham (M. D. or other)
Address Dearborn Mo Date signed 9-20-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed.....10-2-48.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

W. R. Vaughn

Licensed Embalmer No.....

4023

P. O. Address.....

Weston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.